

E

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Name of Person Filing Greg Post	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any). Name RJATC Trade Name, if any Rochester Joint Apprenticeship and P O Box, Bldg , Room No , if any Street 2300 E River Rd. City Rochester State New York ZIP Code + 4 14623-1036	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c. Employer
10 If 8 b or 9 c is checked give trust or employer's name Name RJATC Trade Name, if any Rochester Joint Apprenticeship and P O Box, Bldg , Room No., if any Street 2300 E River Rd City Rochester State New York ZIP Code + 4 14623-1036	11 a Nature of such dealing 2 tickets to Apprenticeship Graduation Awards Dinner 11 b Approximate dollar value of such dealing \$86 12 a Nature of interest held or income received 12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name N/A Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 a Nature of payment. N/A 14 b. Amount of payment. \$0

Name of Person Filing **Greg Post**File Number **U-****Part B Continuation Page**

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8 Name and address of Business (including trade name, if any)Name **RJATC**Trade Name, if any **Rochester Joint Apprenticeship and**

P O Box, Bldg, Room No, if any

Street **2300 E. River Rd.**City **Rochester**State **New York**ZIP Code + 4 **14623-1036****9 Business deals with**☐ a Labor Organization☒ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**Name **RJATC**Trade Name, if any **Rochester Joint Apprenticeship and**

P O Box, Bldg, Room No, if any

Street **2300 E. River Rd.**City **Rochester**State **New York**ZIP Code + 4 **14623-1036****11 a Nature of such dealing****NPPA-70E Train-The-Trainer Course****11 b Approximate dollar value of such dealing****\$914****12 a Nature of interest held or income received****12 b Amount**

Name of Person Filing Greg Post

File Number U-

Part B Continuation Page

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8 Name and address of Business (including trade name, if any)

Name Pension Plan of Local No. 86

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 2300 E. River Rd

City Rochester

State New York ZIP Code + 4 14623-1036

10 If 9 b or 9 c. is checked give trust or employer's name

Name Pension Plan of Local No 86

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 2300 E River Rd

City Rochester

State New York ZIP Code + 4 14623-1036

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Payment of lost time wages from work for sitting as as a Trustee to the Pension Plan on the following dates. 1/28/2004 and 7/28/2004

12 b Amount

\$271